

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006273

FILED  
Mar 01, 2010  
Secretary of State

**Entity Name:** GOD'S COVENANT MISSION CENTER, INC. OF VOLUSIA COUNTY

**Current Principal Place of Business:**

502 SOUTH THOMPSON STREET  
DELAND, FL 32720

**New Principal Place of Business:**

**Current Mailing Address:**

502 SOUTH THOMPSON STREET  
DELAND, FL 32720

**New Mailing Address:**

**FEI Number:** 59-3678600

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHITES, PATRICIA  
502 SOUTH THOMPSON STREET  
DELAND, FL 32720 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: MRS  
Name: JENKINS, DONNA  
Address: 544 W. BERESFORD RD  
City-St-Zip: DELAND, FL 32720

Title: MS  
Name: COLE, CALLIE  
Address: JOE SMITH LANE  
City-St-Zip: LAKE HELEN, FL 32744

Title: MRS  
Name: DUKES, LORETTA  
Address: 635 WEST OHIO  
City-St-Zip: LAKE HELEN, FL 32744

Title: MR  
Name: HAMILTON, GARY  
Address: 1012 E HOWRY  
City-St-Zip: DELAND, FL 32724

Title: MR  
Name: HOUGH, DWAIN  
Address: 549 SHERMAN STREET  
City-St-Zip: LAKE HELEN, FL 32744

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA W. WHITES

MS.

03/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date